

MEDICAID PROVIDER CHANGE FORM

Date: _____

Medicaid Provider Number (Required): _____

Medicaid Provider Name: _____

Type of Provider: (select one)

<input type="checkbox"/> Group Provider	<input type="checkbox"/> Individual Provider	<input type="checkbox"/> Other _____
---	--	--------------------------------------

Type of Change: (select all that apply)

<input type="checkbox"/> Change of Business Name (attach completed W-9)	<input type="checkbox"/> Change of Ownership (attach completed W-9)	<input type="checkbox"/> Change of Tax ID Number (attach completed W-9)	<input type="checkbox"/> Address Change OR <input type="checkbox"/> Termination
--	--	--	---

Terminate Medicaid Participation Effective date): _____

Reason: _____

Change Medicaid Provider Physical Address to: _____

(If applicable, attach a copy of facility license)

Contact Name: _____

Telephone Number: _____

Email Address: _____

Change Medicaid Provider Payment Address to: _____

Add or Delete Participating Individual Provider(s) to/from Medicaid Group:

	Individual Provider Name	Individual Medicaid Provider Number (Required)	Social Security Number	License Number
<input type="checkbox"/> add <input type="checkbox"/> delete				
<input type="checkbox"/> add <input type="checkbox"/> delete				
<input type="checkbox"/> add <input type="checkbox"/> delete				
<input type="checkbox"/> add <input type="checkbox"/> delete				

Note: If you are a Carolina ACCESS provider, please complete the Carolina ACCESS Provider Change Form on our website at <http://www.dhhs.state.nc.us/dma/Forms/capicf.pdf>

Authorized Signature: _____ Date: _____

Typed or Printed Name and Title of Authorized Signature Above

Mail this form to: DMA Provider Services, 2501 Mail Service Center Raleigh, NC 27699-2501 or fax to 919-715-8548.

All Carolina ACCESS and ACCESS II Providers must, also, complete the [Carolina ACCESS Provider Change Form](#) or obtain a copy of the form by calling Provider Services @ 919-855-4050.

These Medicaid providers must report all changes to the Division of Medical Assistance using this form.

ACCESS II Providers & Administrative Entities – Also, report changes to the N.C. Office of Research, Demonstrations, and Rural Health Development (919-715-7625).

Ambulance Services

Certified Registered Nurse Anesthetists

Chiropractors

Community Alternative Program Services - DMA Provider Services contacts you to obtain additional information as needed to complete your change request.

Dentists

Developmental Evaluation Centers

DSS Case Management

Durable Medical Equipment Services - **Include a copy of your new license.**

Federal Qualified Health Centers

Head Start Programs

Health Departments

Hearing Aid Dealers

HIV Case Management

Home Infusion Therapy Services - **Include a copy of your new license.**

HMO Risk Contracting Managed Care Plans

Independent Diagnostic Treatment Facilities

Freestanding Birthing Centers - Include a copy of your new accreditation from the Commission of Free-Standing Birthing Centers.

Independent Freestanding Laboratories - Include a copy of your new CLIA certificate.

Independent Practitioners (Audiologists, Occupational Therapists, Physical Therapists, Respiratory Therapists, Speech Therapists)

Licensed Clinical Social Workers

Licensed Psychologists

Mental Health Centers

Nurse Midwives

Nurse Practitioners

Optical Services

Optometrists

Osteopaths

Out-of-State Hospitals

Personal Care Services - **Include a copy of your new license.**

Physicians

Planned Parenthood Programs

Pharmacies - Include a copy of your new license.

Private Duty Nurses - Include a copy of your new license.

Psychiatric Clinical Nurse Specialist

Psychiatric Nurse Practitioners

Public School Health Programs

Residential Evaluation Centers

School Based Health Centers

The providers listed here must also report changes to the Division of Facility Services by calling (919) 733-1610.

Adult Care Homes

Ambulatory Surgical Centers

Critical Access Hospitals

Dialysis Centers

Home Health Agencies

Hospice

Intermediate Care/Mental Retardation Facilities

In-State Hospitals

Nursing Facilities

Portable X-Ray Suppliers

Psychiatric Residential Treatment Facilities

Residential Child Care Facility (Level II – IV)

Rural Health Clinics